September 27, 2004

CODING VTC

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PASBA
The AMEDD's Link To Quality Information For Effective Management

Agenda

- Introduction to new PASBA staff
- Use of CPT Code 99199
- Encoder Grouper Update
- Coding Signs and Symptoms
- Chest Pain DRG 143
- Syncope DRG 141/142
- Communication Tips
- Help Desk

CPT Code 99199

- **New Policy regarding the utilization of CPT code 99199**
- **99199 will be used to indicate an institutional component of an APV**
- **All MTFs must cease using CPT code 99199 as an "Unlisted special service" prior to or on 30 September 2004.**
- **Effective 1 October 2004, MTFs will only use 99199 for APV data collection and billing.**

Encoder/Grouper Update

- As of 9/24/04 CHCS II is scheduled to go live. This will mean that the Encoder/Grouper updates will be available for implementation on 1 OCT 04 (subject to change if CHCS II is not implemented).
- Facilities must ensure all FY 04 accounts are coded prior to loading the updated files and tables into CHCS II.

Coding of Signs and Symptoms

- SIGNS AND SYMPTOMS AS ADDITIONAL DIAGNOSES

- Codes from chapter 16 are assigned as secondary codes only when the symptom or sign is not integral to the underlying condition and when its presence makes a difference in the severity of the patient' s condition and/or the care given.
- For example, many but not all patients with cirrhosis of the liver have ascites. When ascites is present, it makes a difference in the care given, and so the chapter 16 code for ascites (789.5) should be assigned as an additional code. Codes from chapter 16 are not assigned when they are implicit in the diagnosis or when the symptom is included in the condition code. Such redundant coding is inappropriate.

Cont: Coding of Signs and Symptoms

- Abdominal pain due to gastric ulcer: No symptom code is assigned to the abdominal pain because it is integral to the ulcer.

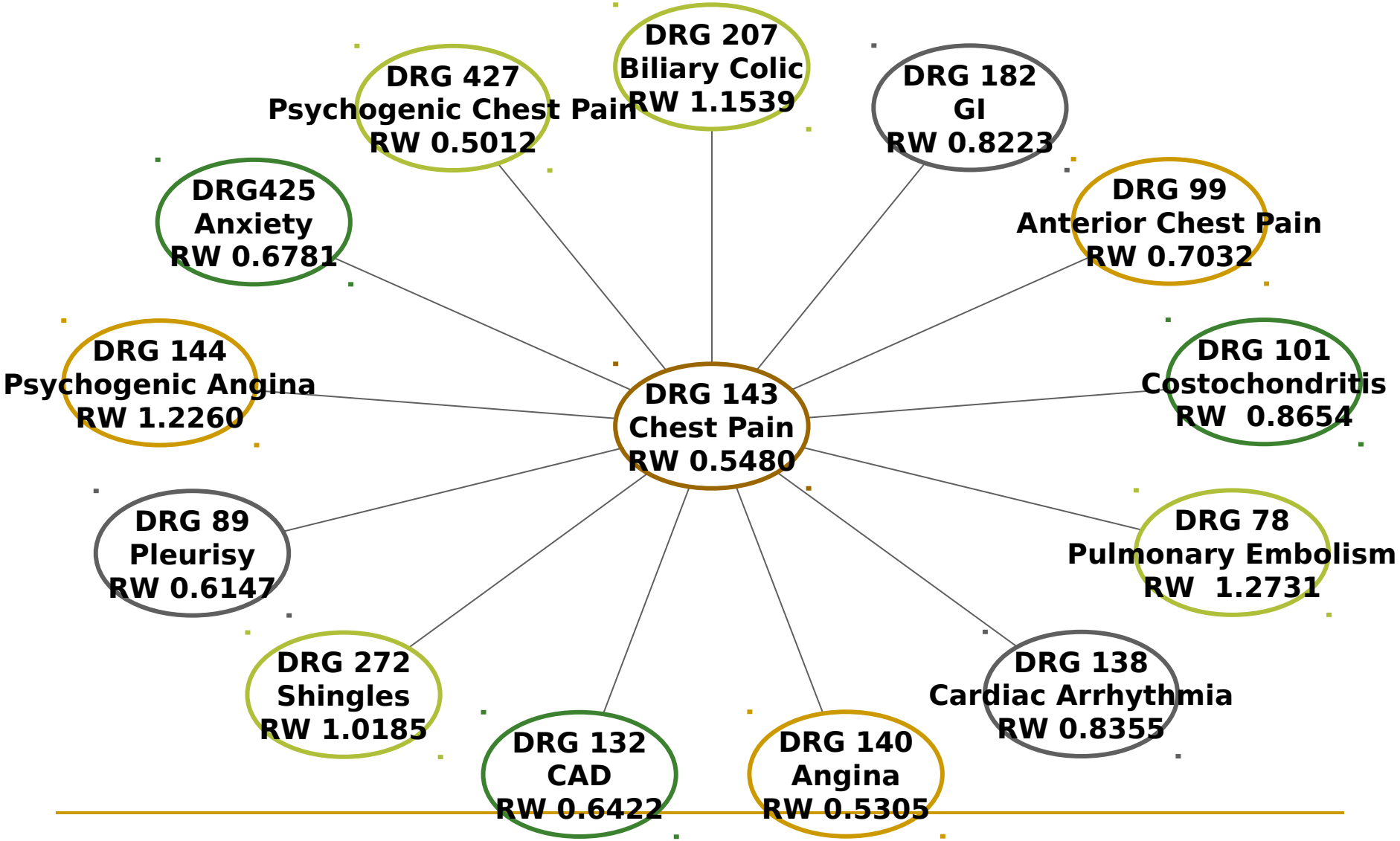
- Coma due to diabetes mellitus: The symptom code for coma is not assigned because combination codes are provided for diabetes with associated coma.

- Patient admitted with chest pain, initially thought to be angina: Diagnostic studies did not support this and the physician' s diagnosis is chest pain, probable costochondritis (733.6). The chest pain is not coded because it is implicit in the costochondritis.

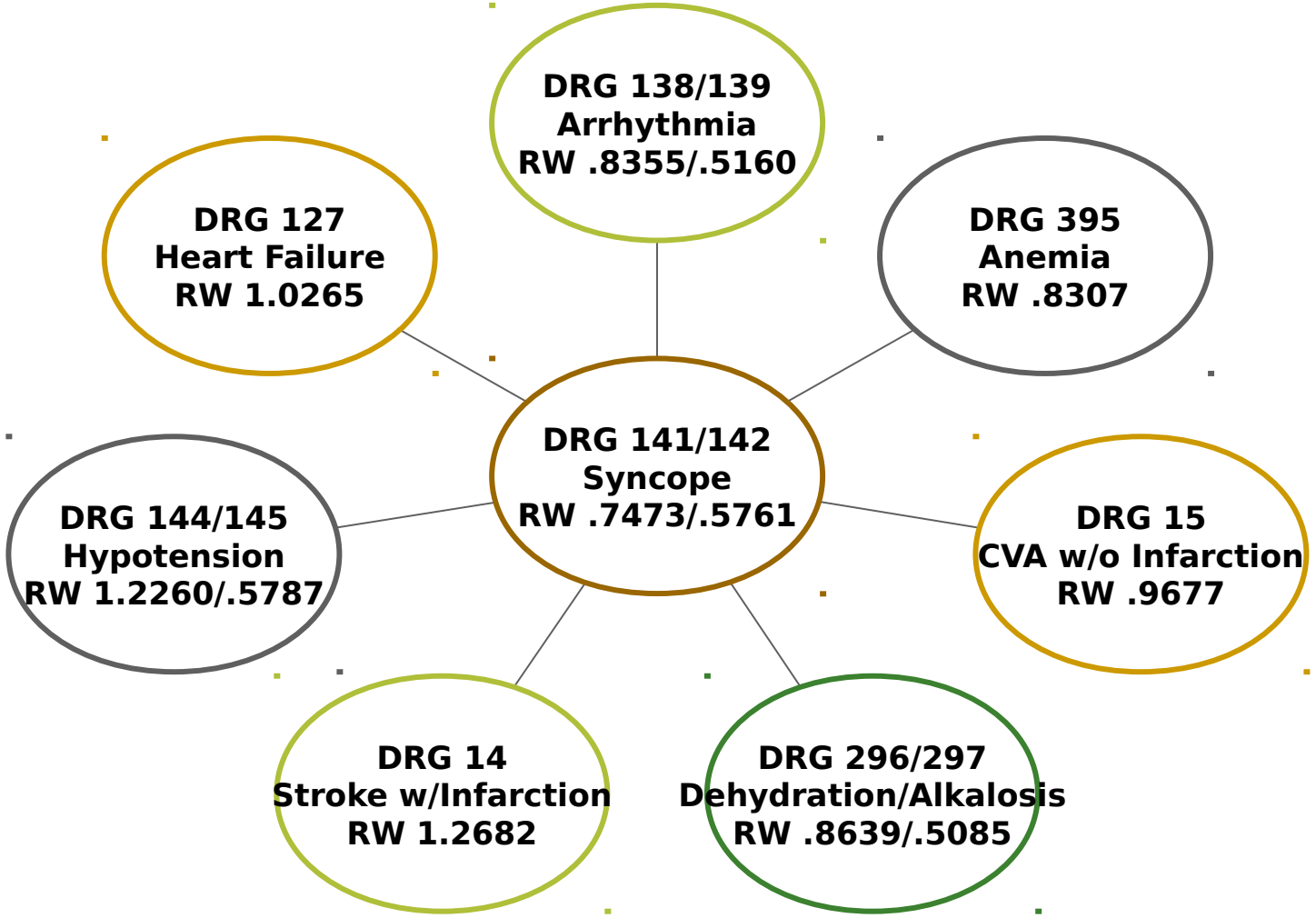
cont: Coding of Signs and Symptoms

- If the patient is an inpatient, a diagnosis described as possible, probable, and so on is considered to be an established diagnosis.
- The words such as possible, probable, and so on are not considered to be established for outpatient visits or encounters. If there is not an established diagnosis, only whatever symptoms or signs that are available at the highest level of certainty are assigned.

Chest Pain DRG Alternatives



Syncope DRG Alternatives



Communication Tips

- Be visible
- Attend Physician Department Meetings
- Become a resource
- Ask a physician to speak at your next coding meeting

PASBA HELP DESK

- Please refer all coding questions to the Coding Help Desk
- We are unable to track the status of your questions that come into Lydia via the telephone or email
- In order to serve you promptly and to be able to track all request please use the help desk

QUESTIONS

www.pasba.amedd.army.mil

VTC Schedule

- **Monday, 27 September 04**
- **Monday, 25 October 04**
- **Monday, 15 November 04**
- **Monday, 20 December 04**